TEXAS MEDICAID

HIPAA TRANSACTION STANDARD COMPANION GUIDE

Refers to the Implementation Guide Based on
ASC X12 version 005010

270/271 Health Care Eligibility Benefit
Request/Response Companion Guide

November 2024

Table of Contents

Disclosure Statement

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guide and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Texas Medicaid. Transmissions based on this Companion Guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12N syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Technical Reports Type 3 Guides/TR3.

NOTE: Effective January 1, 2013, health plans, covered entities and their business associates that engage in the exchange of eligibility transactions are required by the Affordable Care Act (ACA) to comply with additional operating rule regulations for the 270/271 transactions. These operating rules are maintained by the Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE).

1   INTRODUCTION

Under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Secretary of the Department of Health and Human Services (HHS) is directed to adopt standards to support the electronic exchange of administrative and financial health care transactions. The purpose of the Administrative Simplification portion of HIPAA is to enable health information to be exchanged electronically and to adopt standards for those transactions.

1.1 Scope

This Companion Guide is intended for Texas Medicaid Trading Partners interested in exchanging HIPAA compliant X12N 270/271 Health Care Eligibility Benefit Request/Response Transactions with Texas Medicaid. It should be used in conjunction with X12N Implementation Guides and is not intended to contradict or exceed X12N standards. Its purpose is to describe the required data values to process eligibility requests and responses by Texas Medicaid.

All instructions in this document are written using information known at the time of publication and are subject to change.

1.2 Overview

This Companion Guide includes information needed to assist the trading partners with the submission of a valid 270/271 Health Care Eligibility Benefit Request/Response to Texas Medicaid & Healthcare Partnership (Texas Medicaid) in batch and real-time mode.

The purpose of this document is to assist the provider with Texas Medicaid-particular data sets for information specified in the National Electronic Data Interchange Transaction Set Implementation Guide for the file type. The federal government has set standards to simplify Electronic Data Interchange (EDI). To comply with the standard, Texas Medicaid has updated the data sets for EDI files to be in accordance with HIPAA and is utilizing the ASC X12 nomenclatures. The TR3 dated April 2008 was used to create this Companion Guide for the 270 and 271 file formats.

This Companion Guide is intended for trading partner use in conjunction with the American National Standards Institute (ANSI) ASC X12N National Implementation Guide. The ANSI ASC X12N Implementation Guides can be accessed at https://x12.org/products/technical-reports. The Texas Medicaid Companion Guide is designed to provide all entities that submit transactions regarding healthcare claims the specified data sets that Texas Medicaid requires per HIPAA compliance for the 270 and 271 file formats. Not all X12 data sets are used by Texas Medicaid to process and respond for a request for information.

The Texas Medicaid EDI Connectivity Guide that contains specific instructions regarding connectivity options, along with CORE compliant Safe Harbor information, can be found on the EDI page of the Texas Medicaid website at: https://www.tmhp.com/topics/edi.

1.3 References

This section specifies additional documents useful for the reader. For example, the X12N Implementation Guides adopted under HIPAA that this document is a companion to:

ASC X12 Version 5010 TR3s:

https://x12.org/products/technical-reports

CAQH/CORE:

https://www.caqh.org/CORE

1.4 Additional Information

Security and Privacy Statement

Covered entities were required to implement HIPAA Privacy Regulations no later than April 14, 2003. A covered entity is defined as a health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a HIPAA transaction. Providers that conduct certain electronic transmissions are responsible for ensuring these privacy regulations are implemented in their business practices. Health and Human Services Commission (HHSC) is a HIPAA Covered Entity. Accordingly, Texas Medicaid is operating as a HIPAA Business Associate of HHSC as defined by the federally mandated rules of HIPAA. A Business Associate is defined as a person or organization that performs a function or activity on behalf of a covered entity but is not part of the covered entity's workforce.

The privacy regulation has three major purposes:

1. To protect and enhance the rights of consumers by providing them access to their health information and controlling the appropriate use of that information;

2. To improve the quality of health care in the United States by restoring trust in the health care system among consumers, health care professionals and the many organizations and individuals committed to the delivery of health care; and

3. To improve the efficiency and effectiveness of health care delivery by creating a national framework for health privacy and protection.

In accordance with HIPAA privacy regulations, the state of Texas provides a Notice of Privacy Practices to all Texas Medicaid households.

2 GETTING STARTED

2.1 Working with Texas Medicaid

This section describes how to interact with Texas Medicaid's EDI Department.

EDI Help Desk is available to assist trading partners in exchanging data with Texas Medicaid. Below are details on how to register and contact the department for assistance.

2.2 Trading Partner Registration

Trading partners wishing to exchange EDI transactions with TMHP require authorization from providers enrolled in Texas Medicaid that they intend to submit on behalf of. Additionally, a Trading Partner Agreement must be completed prior to being authorized to submit these transactions to TMHP.

To get started with EDI, the necessary forms and instructions are available at:

https://www.tmhp.com/resources/forms?field_topics_target_id=96

EDI Technical Information:

https://www.tmhp.com/topics/edi

3 TESTING WITH TMHP

Texas Medicaid requires that all Trading Partners who connect directly to successfully complete the testing process prior to submitting eligibility requests.

If the Provider or Billing Agent utilizes a Clearinghouse to submit the electronic eligibility requests, the entity connecting with Texas Medicaid must have successfully completed the testing process prior to eligibility request submission.

Texas Medicaid provides a self-testing tool through Edifecs. Testing and Certification instructions, along with setup information can be found in Section 9.1 of the Texas Medicaid EDI Connectivity Guide found at:

https://www.tmhp.com/sites/default/files/file-library/edi/TMHP_EDI_Connectivity_Guide.pdf

4 CONNECTIVITY WITH TMHP/COMMUNICATIONS

4.1 Transmission Administrative Procedures

The Texas Medicaid EDI Connectivity Guide that contains specific instructions regarding connectivity options, can be found on the EDI page of the Texas Medicaid website at:

https://www.tmhp.com/topics/edi

4.2 Communication protocol specifications

The Texas Medicaid EDI Connectivity Guide that contains specific instructions regarding connectivity options, along with CORE compliant Safe Harbor information, can be found on the EDI page of the Texas Medicaid website at:

https://www.tmhp.com/topics/edi

4.3   Passwords

Texas Medicaid provides instruction on resetting of passwords in section 5.1 of the Texas Medicaid EDI Connectivity Guide found at:

https://www.tmhp.com/sites/default/files/file-library/edi/TMHP_EDI_Connectivity_Guide.pdf

5   CONTACT INFORMATION

5.1 EDI Customer Service

This section contains detailed information concerning EDI Customer Service, especially contact numbers.

Texas Medicaid EDI Help Desk: 1-888-863-3638 (or 1-800-925-9126), option 4

5.2 EDI Technical Assistance

This section contains detailed information concerning EDI Technical Assistance, especially contact numbers.

Texas Medicaid EDI Help Desk
The EDI Help Desk provides technical assistance only by troubleshooting Texas Medicaid EDI issues. Contact your system administrator for assistance with network, hardware, or telephone line issues.

To reach the Texas Medicaid EDI Help Desk, select one of the following methods:

- Fax 1-512-514-4230 or 1-512-514-4228
- Call 1-888-863-3638, option 4, or 1-800-925-9126, option 4
- For Medicaid, CSHCN and Family Planning electronic filing issues, call 1-888-863-3638

The Texas Medicaid EDI Help Desk is available Monday through Friday, 7 a.m. to 7 p.m. CST.

5.3 Provider Service Number

This section contains detailed information concerning provider services, especially contact numbers.

Provider Enrollment: 1-800-925-9126 (or 1-888-863-3638), Option 2, Option 3
The Provider Enrollment queue is designed to assist providers with applications to enroll and update new and existing provider accounts, and questions concerning enrollment policy. Some of the responsibilities include maintenance of provider accounts, advising providers on how to complete a Texas Medicaid program application, and answering questions regarding policies which impact enrollment.

5.4 Applicable websites/e-mail

This section contains detailed information about useful web sites and email addresses. EDI Helpful Links:

Washington Publishing Company – The Washington Publishing Company site includes reference documents pertaining to HIPAA, such as: implementation guides, data conditions, and the data dictionary for X12N standards.

Workgroup for Electronic Data Interchange (WEDI) – This site provides implementation materials and information.

6 CONTROL SEGMENTS/ENVELOPES

6.1 ISA-IEA

- Texas Medicaid does not support repetition of a simple data element or a composite data structure.
- Texas Medicaid will accept one ISA/IEA in each file and one GS/GE per ISA.
- Texas Medicaid uses "*" (asterisk) as the element separator, and "~" (tilde) as the segment separator.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
Control Segments						
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00		
C.4		ISA03	Security Information Qualifier	00		
C.4		ISA05	Interchange ID Qualifier	ZZ		
C.5		ISA06	Interchange Sender ID			Provider Submitter ID
C.5		ISA07	Interchange ID Qualifier	ZZ		
C.5		ISA08	Interchange Receiver ID			617591011TIELP
C.5		ISA11	Repetition Separator	| (pipe character)		
C.6		ISA14	Acknowledgment Requested	0 (zero)		
C.6		ISA15	Interchange Usage Indicator	P		ISA15="P" for both Production and Test
C.6		ISA16	Component Element Separator	: (colon character)		

6.2 GS-GE

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
Control Segments						
C.7		GS	Functional Group Header			
C.7		GS02	Application Sender's Code			Identical to ISA06
C.7		GS03	Application Receiver's Code			Identical to ISA08

7 TMHP SPECIFIC BUSINESS RULES AND LIMITATIONS

Texas Medicaid will accept up to 5000 transactions per batch. If a file is submitted with more than 5000 transactions the entire file will be rejected and not processed by Texas Medicaid. Similarly, files up to 75mb will be accepted, while files exceeding this limit will be rejected and not processed by TMHP.

TMHP submitter IDs will be deactivated after an inactivity period of 180 days. Submitters who wish to have their submitter IDs re-activated will need to contact the EDI Helpdesk at 1-888-863-3638, option 4 (or 1-800-925-9126, option 4).

7.1 Handling of Multiple Eligibility Inquiry Segments (2110C EQ):

Texas Medicaid does not support multiple EQ segments for interactive mode.

Texas Medicaid returns client level response (2100C) for each repeating EQ segment received in Batch mode. Refer to the example below:

Example: 270 request containing single client with multiple EQ segments
……………………………….
TRN*1*1111111111111*111111111
NM1*IL*1*LASTNAME*FIRSTNAME*M***MI*111111111
REF*SY*111111111
DMG*D8*19991231*M
DTP*291*D8*20140115
EQ*30|54
DTP*291*RD8*20170130-20170331
EQ*2
DTP*291*RD8*20160130-20160331

Example: 271 response with two transactions for the above client (two 2100C loops)
……………………………………….
HL*3*2*22*0
TRN*2*1111111111111*1111111111
NM1*IL*1*LASTNAME*FIRSTNAME*M***MI*111111111
REF*1L*061
REF*SY*111111111
N3*100 MAIN STREET
N4*TOWN*TX*12345
DMG*D8*19991231*M
DTP*346*D8*20140101
EB*1*IND*1|30|33|35|47|48|50|54|75|86|88|98|AL|AM|MH|UC*MC*MEDICAID,
LTC(WAIVER) DTP*318*D8*20170101
DTP*356*D8*20140101
DTP*357*D8*20170531

MSG*TP01, TP02, TP03,
TA23
MSG*LTC Patient Responsibility must be obtained from HHSC
………………………………………………
………………………………………………
HL*4*2*22*0
TRN*2*1111111111111*1111111111
NM1*IL*1*LASTNAME*FIRSTNAME*M***MI*111111111
REF*1L*061
REF*SY*111111111
N3*100 MAIN STREET
N4*TOWN*TX*12345
DMG*D8*19991231*M
DTP*346*D8*20140101
EB*1*IND*2|30*MC*MEDICAID
DTP*318*D8*20170101
DTP*356*D8*20140101
DTP*357*D8*20160831
MSG*TP01, TP02

8   ACKNOWLEDGEMENTS AND/OR REPORTS

This section contains information and examples on any applicable payer acknowledgements.

8.1 Report Inventory

This section contains a listing/inventory of all applicable acknowledgement reports.

The following files will be sent in response to a 270 Eligibility Request:

- BID (file ID assigned by Texas Medicaid)
- 999
- 824
- 271

A negative TA1 response file will be sent in response to invalid file format, invalid ISA or IEA segments, or if the file does not meet TMHP file level standards specified in section 7.

9   TRADING PARTNER AGREEMENTS

This section contains general information concerning Trading Partner Agreements (TPA).

9.1 Trading Partners

An EDI Trading Partner is defined as any Texas Medicaid customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from, Texas Medicaid.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

For example, a Trading Partner Agreement may specify, among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

Texas Medicaid Trading Partner Agreement will be found on this web page:

https://www.tmhp.com/resources/forms?field_topics_target_id=96

10 TRANSACTION SPECIFIC INFORMATION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Texas Medicaid has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments.
2. Limit the length of a simple data element.
3. Specify a sub-set of the IGs internal code listings.
4. Clarify the use of loops, segments, composite and simple data elements.
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with Texas Medicaid.

In addition to the row for each segment, one or more additional rows are used to describe Texas Medicaid's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following tables specify TMHP specific requirements and/or usage of information in the EDI X12 270 and 271 transaction sets.

10.1 270 Eligibility, Coverage or Benefit Inquiry

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
69	2100A	NM1	Information Source Name			
70	2100A	NM103	Name Last or Organization Name	"Texas Medicaid/ Healthcare Services"		NM103 must contain "Texas Medicaid/ Healthcare Services"
71	2100A	NM108	Identification Code Qualifier	46	1-2	Populate this element with qualifier 46.
71	2100A	NM109	Identification Code	Testing = "617591011TIELT" Production = "617591011TIELP"	2-80	Populate this element with Electronic Transmitter Identification Number. NM109 must be populated with the Texas Medicaid-EDI Receiver ID. This number differs for Testing and Production. When testing, use the Testing Receiver ID: "617591011TIELT" When in production, use the Production Receiver ID: "617591011TIELP"
75	2100B	NM1	Information Receiver Name			
75	2100B	NM1	Information Receiver Name			EXAMPLES: **NPI** NM1*1P*1* ORGANIZATION NAME*****XX*111111 1111~ **API**: NM1*1P*1* ORGANIZATION NAME*****SV*A11111 1111~
77	2100B	NM108	Identification	XX, SV	1-2	NM108 must contain

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Code Qualifier			XX if a National Provider Identifier (NPI) is sent in NM109. NM108 must contain SV if an Atypical Provider Identifier (API) is sent in NM109.
78	2100B	NM109	Identification Code	NPI (10 numeric) API (10 alphanumeric).	2-80	NM109 will contain the provider's assigned NPI (10 numeric). NM109 will contain the provider's assigned API (10 alphanumeric).
92	2100C	NM1	Subscriber Name			
93	2100C	NM103	Name Last or Organization Name		30	Texas Medicaid will only read the first 30 characters of the subscriber's last name.
93	2100C	NM104	Name First		30	Texas Medicaid will only read the first 30 characters of the subscriber's first name.
96	2100C	NM109	Identification Code		9	Texas Medicaid Client ID (PCN) from the 270 2100C NM109 if the NM108 qualifier is "MI"
97	2100C	REF	Subscriber Additional Identification			
98	2100C	REF01	Reference Identification Qualifier	EJ, SY		Texas Medicaid will not read or use the value in REF02 if REF01 is not sent with EJ or SY.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
99	2100C	REF02	Reference Identification		1-50	If qualifier REF01 = EJ, then Texas Medicaid will read the Patient Account Number. If qualifier REF01 = SY, then Texas Medicaid will read the patient Social Security Number.
122	2100C	DTP	Subscriber Date			Texas Medicaid will process eligibility requests according to the date(s) present in the 2100C Subscriber Loop
122	2100C	DTP01	Date/Time Qualifier	291, 102		If any 2100C DTP segment for the client inquiry contains 291 (Plan Date), Texas Medicaid will process eligibility for the date given in the DTP03 element. If no 2100C DTP01 value of 291 for the client exists, then Texas Medicaid will check if any DTP01 contains 102 (Issue Date) and process the eligibility according to the date present in the 2100C DTP03. If no 2100C DTP segments exist, eligibility will be processed according to the system date.
124	2110C	EQ	Subscriber Eligibility or Benefit Inquiry			Note: Texas Medicaid does not support multiple EQ segments in interactive mode. In

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						Batch mode Texas Medicaid will return a client level response (2100C) for each repetition of the EQ segments received. Please refer to Section 4 for example
125	2110C	EQ01	Service Type Code	1, 2, 4, 5, 6, 7, 8, 12, 13, 18, 20, 30, 33, 35, 40, 42, 45, 47, 48, 50, 51, 52, 53, 54, 62, 65, 68, 73, 75, 76, 78, 80, 81, 82, 86, 88, 93, 98, 99, A0, A3, A6, A7, A8, AD, AE, AF, AG, AI, AL, AM, BG, BH, MH, UC		Texas Medicaid supports CORE-required explicit inquiry and generic inquiry. Texas Medicaid does not support service type codes other than those listed.
130	2110C	EQ02	Composite Medical Procedure Identifier			Texas Medicaid does not support the use of EQ02 for inquiries by Procedure Code
146	2000D	HL	Dependent Level			This loop is not used by Texas Medicaid to process requests

270 Minimum Input fields for Client Search options

Texas Medicaid supports the standard ASC X12 member search options:

1. Client Individual ID and Last Name
2. Client Individual ID and DOB
3. Client Individual ID and SSN
4. SSN and Date of Birth
5. SSN and Last Name
6. Last Name, First Name and Date of Birth

10.2 271 Eligibility, Coverage or Benefit Response

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
253	2100C	REF	Subscriber Additional Identification			
254	2100C	REF01	Reference Identification Qualifier	1L, EJ, Q4, SY		If qualifier REF01 = 1L, then Texas Medicaid will populate the subscriber's County Code in REF02.
289	2110C	EB	Subscriber Eligibility or Benefit Information			
291	2110C	EB01	Eligibility or Benefit Information Code	F, N, 1, I, V, A, B, C, R, 6		When EB01 = 'R' is returned on the response, this represents other insurance (TPR) or Medicare coverages.
293	2110C	EB03	Service Type Code	1, 2, 4, 5, 6, 7, 8, 12, 13, 18, 20, 30, 33, 35, 40, 42, 45, 47, 48, 50, 51, 52, 53, 54,62, 65, 68, 73, 75, 76, 78, 80, 81, 82, 86, 88, 93, 98, 99, A0, A3, A6, A7, A8, AD, AE, AF, AG, AI, AL, AM, BG, BH, MH, UC		Texas Medicaid will return Service Type Code 75 to represent Coverage and/or Benefit Limitations for Hearing Aids.
298	2110C	EB04	Insurance Type Code	MA, MB, HN, OT, MC, QM		Texas Medicaid will send "HN" in EB04 to indicate the benefits for Medicare Part C. Texas Medicaid will send "OT" in EB04 to indicate

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						CHIP, CSHCN, TPR, Medicare Part D and Managed Care. Texas Medicaid will send "QM" in EB04 to indicate Medicare Cost Sharing Plans.
299	2110C	EB05	Plan Coverage Description			Texas Medicaid uses EB05 to identify the coverage plan. This element is used to distinguish various EB04 Insurance Type values. For example: while CHIP, CSHCN, TPR and Managed Care will each have an EB04 value of "OT", EB05 will identify the specific plan description to determine the specific insurance type. Similarly, when EB04 has a value of "MC", EB05 will identify the client has having Medicaid, Healthy Texas Women or other coverage plans such as Community Attendant.
314	2110C	REF	Subscriber Additional Identification			
315	2110C	REF01	Reference Identification Qualifier	18, 6P		Texas Medicaid will send '18' in REF01 to indicate the presence of a Medicare Plan ID or Managed Care Plan Code in the REF02 element. Texas Medicaid will send '6P' in REF01 to indicate

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						the presence of a Medicare Contract Number or TPR Group Number in the REF02 element and TPR Employer Name in REF03 element.

322	2110C	MSG	Message Text			Texas Medicaid uses the 2110C MSG segment to convey additional sources of Client Financial Responsibility information.
	2110C	MSG01				Texas Medicaid uses the 2110C MSG segment to send the TOA's (Type of Assistance) for Medicaid, LTC and CHIP Eligibility. This segment will be sent when the client has active coverage under one or more of these programs. • MSG*TP13, TA84, TPSS Texas Medicaid uses the 2110C MSG segment to convey additional sources of Client Financial Responsibility information. When the client has active Long-Term Care or CHIP coverage, the MSG segment will indicate that the receiver must obtain client financial responsibility details from HHSC or the MCO, respectively. • MSG*LTC patient responsibility must be

						obtained from HHSC
						• MSG*All CHIP Patient Responsibility must be obtained from the MCO
						When a client has active, extended coverage through Medicare Part B-ID for End Stage Renal Disease (ESRD) immunosuppressant drugs, Texas Medicaid will include the 2110C MSG segment to convey client coverage. This will come as part of a 2110C EB segment indicating Medicare Part B coverage (EB*R*IND*30*MB),
						MSG*PART B IMMUNOSUPPRESSIVE DRUG BENEFIT
						Additionally, when the client has been 'locked-in' to a pharmacy provider for pharmacy benefits (EB*N*IND*88) Texas Medicaid will send the 2110C MSG segment to convey that the lock-in pharmacy must be obtained from the

						Pharmacy eligibility source: MSG*For Pharmacy LOCKIN contact Texas Medicaid Pharmacy Department For additional TOA information, please refer to 11.2 Type of Assistance Codes list
329	2120C	NM1	Subscriber Benefit Related Entity Name			When the 2120C Loop is present for Managed Care benefits, the NM1 segment will contain the member's Primary Care Physician (if assigned). When the 2120C Loop is present with a Provider Lock-in segment, the NM1 segment will contain the Lock-in Provider identifier. When the 2120C Loop is present for TPR benefits, the NM1 segment will contain the TPR Subscriber Name and Payer Name.
347	2000D	HL	Dependent Level			Not used by Texas Medicaid.

11 APPENDICES

11.1 Managed Care Program Codes and Associated Descriptions

Program Code	Program Long Description	Short Description - Populated in EB05
1	STAR	STAR
2	STAR PLUS	STRP
6	FOSTER CARE MANAGED CARE	STRH
7	CHILDREN'S MEDICAID DENTAL SERVICES	DENT
8	CHIP	CHIPMCO
9	CHIP DENTAL	CHIPDENT
K	STAR KIDS	STRK

11.2 Type of Assistance Codes

Grouping	Code
CHIP	TA81
CHIP	TA84
Medicare Cost Sharing	TP23-TP26
Long Term Care	TA11
Long Term Care	TA13-TA14
Long Term Care	TA23
Long Term Care	TA32-TA33
Long Term Care	TA50
Long Term Care	TP04-TP05
Long Term Care	TP28
Long Term Care	TP49
Long Term Care	TP59
Long Term Care	TP62-TP69
Long Term Care	TP73-TP86
Long Term Care	TP89
Medicaid	TA01-TA10
Medicaid	TA12
Medicaid	TA15-TA22
Medicaid	TA24-TA27
Medicaid	TA31
Medicaid	TA41
Medicaid	TA62
Medicaid	TA66-TA67
Medicaid	TA74-TA80
Medicaid	TA80
Medicaid	TA82-TA83
Medicaid	TA85-TA86
Medicaid	TA88
Medicaid	TP03
Medicaid	TP07-TP08
Medicaid	TP10-TP22
Medicaid	TP29-TP48
Medicaid	TP50-TP58
Medicaid	TP70
Medicaid	TP87-TP88
Medicaid	TP90-TP99
Medicaid	TPAL

Medicaid	TPAS
Medicaid	TPDE
Medicaid	TPIN
Medicaid	TPIW
Medicaid	TPPM
Medicaid	TPRI
Medicaid	TPSP
Medicaid	TPSS
Medicaid	TPWA
Medicaid	TPWI

11.3 Transmission Examples

This appendix contains actual data streams linked to the business scenarios from Appendix B.

270/271 Example Transaction

Texas Medicaid Note:

If the Eligibility, Coverage or Benefit Inquiry Transaction Set (270) includes a TRN segment, then the Eligibility, Coverage or Benefit Information Transaction Set (271) will return the trace number identified in the TRN segment.

In the following example carriage return line feeds are inserted in place of ~ character for improved readability purposes. Benefit segment examples in the 271 sample transaction are also separated by an extra return and a benefit coverage description such as <Covered Medicaid> in order to clearly define each benefit response type.

270 Texas Medicaid Example Transaction:

```
ISA*00*      *00*      *ZZ*111111111    *ZZ*617591011TIELP
*241027*1155*|*00501*002552887*0*P*:
GS*HS*111111111*617591011TIELP*20151208*0912*2552887*X*005010X279A1
ST*270*0001*005010X279A1
BHT*0022*13*111111111*20140924*1111
HL*1**20*1
NM1*PR*2*TEXAS MEDICAID*****46*617591011TIELP
HL*2*1*21*1
NM1*1P*1*LASTNAME*FIRSTNAME****XX*1111111111
HL*3*2*22*0
TRN*1*1111111111111*111111111
NM1*IL*1*LASTNAME*FIRSTNAME*M***MI*111111111
REF*SY*111111111
DMG*D8*19991231*M
DTP*291*D8*20140115
```

EQ*2|30|54|97
SE*14*0001
GE*1*2552887
IEA*1*002552887

271 Texas Medicaid Example Transaction:

ISA*00*   *00*   *ZZ*617591011TIELP *ZZ*111111111
*241027*1155*|*00501*002552887*0*P*:
GS*HB*617591011TIELP*111111111*20151208*0912*2552887*X*005010X279A1
ST*271*000000001*005010X279A1
BHT*0022*11**20140924*21000083
HL*1**20*1
NM1*PR*2*TEXAS MEDICAID*****46*617591011TIELP
HL*2*1*21*1
NM1*1P*1*LASTNAME*FIRSTNAME****XX*1111111111
HL*3*2*22*0
TRN*2*1111111111111*1111111111
NM1*IL*1*LASTNAME*FIRSTNAME*M***MI*111111111

REF*1L*061
REF*SY*111111111
N3*100 MAIN STREET
N4*TOWN*TX*12345
DMG*D8*19991231*M
DTP*346*D8*20141201

<Covered Medicaid>
EB*1*IND*1|30|33|35|47|48|50|54|75|86|88|98|AL|AM|MH|UC*MC*MEDICAID,
LTC(WAIVER) DTP*318*D8*20140101
DTP*356*D8*20140901
DTP*357*D8*20150430
MSG*TP01, TP02, TP03, TA23
MSG*LTC Patient Responsibility must be obtained from HHSC

<Benefit Limits>
EB*F*IND*35|75
DTP*304*D8*20140101
EB*F*IND*98|AL|AM
DTP*304*D8*20140201

<Non-Covered Medicaid>
EB*I*IND*2*MC*MEDICAID, LTC(WAIVER)
DTP*193*D8*20140901
DTP*194*D8*20150430

<Lock-in Medicaid Physician>
EB*N*IND*30*MC*MEDICAL LOCKIN PROVIDER
DTP*193*D8*20140901
DTP*194*D8*20150430
LS*2120
NM1*1P*1*LASTNAME*FIRSTNAME*M***XX*1111111111
N3*100 FIRST STREET*SUITE 100
N4*TOWN*TX*12345
PER*IC*CONTACT NAME*WP*9999999999*EX*0001
LE*2120

<Lock-in Medicaid Pharmacy>
EB*N*IND*88*MC*PHARMACY LOCKIN
DTP*193*D8*20140901
DTP*194*D8*20150430
MSG*For Pharmacy Lock-in contact Texas Medicaid Pharmacy Department

<Copayment>
EB*A**1|30|33|35|47|48|50|75|86|88|98|AL|AM|MH|UC*****0
DTP*193*D8*20140901
DTP*194*D8*20150430

<Coinsurance>
EB*B**1|30|33|35|47|48|50|75|86|88|98|AL|AM|MH|UC****0
DTP*193*D8*20140901
DTP*194*D8*20150430

<Beginning Deductible>
EB*C**30***23*0
DTP*193*D8*20140101
DTP*194*D8*20150430

<Remaining Deductible>
EB*C**30***29*0
DTP*356*D8*20140101
DTP*357*D8*20140202

<Covered Managed Care>
EB*1*IND*1|30|33|35|47|48|50|75|86|88|98|AL|AM|MH|UC*OT*STAR
REF*18*1A*MCOPLANNAME
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430

LS*2120
NM1*P3*1*LASTNAME*FIRSTNAME*M***XX*1111111111
PER*IC**WP*9999999999*EX*0001
LE*2120

<Non-Covered Managed Care>
EB*I*IND*2|54*OT*STAR
REF*18*1A*MCOPLANNAME
DTP*193*D8*20141001
DTP*194*D8*20150430

<Covered CHIP>
EB*1*IND*1|30|33|35|47|48|50|75|86|88|98|AL|AM|MH|UC*OT*CHIP
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430
MSG*TA84
MSG*All CHIP patient responsibility must be obtained from the MCO

<Non-Covered CHIP>
EB*I*IND*2|54*OT*CHIP
DTP*193*D8*20140901
DTP*194*D8*20150430

<Covered CSHCN>
EB*1*IND*1|30|35|47|48|50|86|98|AL|AM|MH|UC*OT*CSHCN
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430

<Non-Covered CSHCN>
EB*I*IND*2|33|54|75|88*OT*CSHCN
DTP*193*D8*20141001
DTP*194*D8*20150430

<TPR>
EB*R*IND*30*OT*COMPREHENSIVE POLICY
REF*6P*GROUP NUMBER*EMPLOYER NAME
DTP*193*D8*20141001
DTP*194*D8*20150430
LS*2120

```
NM1*PR*2*PAYERNAME
N3*100 FIRST STREET*SUITE 100
N4*TOWN*TX*12345
PER*IC*CONTACT NAME*WP*9999999999*EX*0001
NM1*IL*1*LASTNAME*FIRSTNAME*M***MI*1111111111*41
LE*2120
```

```
<Medicare Part A>
EB*R*IND*30*MA
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430
```

```
<Medicare Part B>
EB*R*IND*30*MB
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430
```

```
<Medicare Part C>
EB*R*IND*30*HN
REF*6P*CONTRACTNUMBER
REF*18*PLANID
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430
```

```
<Medicare Part D>
EB*R*IND*88*OT
REF*6P*CONTRACTNUMBER
REF*18*PLANID
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430
```

```
<Unsupported Service Type>
EB*V**97
```

```
<Medicare Cost Sharing>
```

```
EB*1*IND*30*QM*SLMB
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430
```

MSG*TP23

<Non-covered Medicare Cost Sharing>
EB*I*IND*33|88|35|47|48|AL|AM|UC|1|50|MH|75|86|98*QM*SLMB
DTP*193*D8*20141001
DTP*194*D8*20150430

SE*123*000000001
GE*1*2552887
IEA*1*002552887

Below is the same 271 response with no extra returns or benefit coverage descriptions.
Carriage return line feeds have been kept instead of the ~ delimiter, for readability.

ISA*00*   *00*   *ZZ*617591011TIELP *ZZ*111111111
*241027*1155*|*00501*002552887*0*P*:
GS*HB*617591011TIELP*111111111*20151208*0912*2552887*X*005010X279A1
ST*271*000000001*005010X279A1
BHT*0022*11**20140924*21000083
HL*1**20*1
NM1*PR*2*TEXAS MEDICAID*****46*617591011TIELP
HL*2*1*21*1
NM1*1P*1*LASTNAME*FIRSTNAME****XX*1111111111
HL*3*2*22*0
TRN*2*1111111111111*1111111111
NM1*IL*1*LASTNAME*FIRSTNAME*M***MI*11111
REF*1L*061
REF*SY*111111111
N3*100 MAIN STREET
N4*TOWN*TX*12345
DMG*D8*19991231*M
DTP*346*D8*20141201
EB*1*IND*1|30|33|35|47|48|50|54|75|86|88|98|AL|AM|MH|UC*MC*MEDICAID,LTC
(WAIVER) DTP*318*D8*20140918
DTP*356*D8*20140901
DTP*357*D8*20150430
MSG*TP01, TP02, TP03, TA23
MSG*LTC Patient Responsibility must be obtained from HHSC
EB*F*IND*35|75
DTP*304*D8*20140101
EB*F*IND*98|AL|AM
DTP*304*D8*20140201
EB*I*IND*2*MC*MEDICAID,LTC (WAIVER)
DTP*193*D8*20140901
DTP*194*D8*20150430

EB*N*IND*30*MC*MEDICAL LOCKIN PROVIDER
DTP*193*D8*20140901
DTP*194*D8*20150430
LS*2120
NM1*1P*1*LASTNAME*FIRSTNAME*M***XX*1111111111
N3*100 FIRST STREET*SUITE 100
N4*TOWN*TX*12345
PER*IC*CONTACT NAME*WP*9999999999*EX*0001
LE*2120
EB*N*IND*88*MC*PHARMACY LOCKIN
DTP*193*D8*20140901
DTP*194*D8*20150430
MSG*For Pharmacy Lock-in contact Texas Medicaid Pharmacy Department
EB*A**1|30|33|35|47|48|50|75|86|88|98|AL|AM|MH|UC****0
DTP*193*D8*20140901
DTP*194*D8*20150430
EB*B**1|30|33|35|47|48|50|75|86|88|98|AL|AM|MH|UC****0
DTP*193*D8*20140901
DTP*194*D8*20150430
EB*C**30***23*0
DTP*193*D8*20140901
DTP*194*D8*20150430
EB*C**30***29*0
DTP*356*D8*20090101
DTP*357*D8*20090202
EB*1*IND*1|30|33|35|47|48|50|75|86|88|98|AL|AM|MH|UC*OT*STAR
REF*18*1A*MCOPLANNAME
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430
LS*2120
NM1*P3*1*LASTNAME*FIRSTNAME*M***XX*1111111111
PER*IC**WP*9999999999*EX*0001
LE*2120
EB*I*IND*2|54*OT*STAR
REF*18*1A*MCOPLANNAME
DTP*193*D8*20141001
DTP*194*D8*20150430
EB*1*IND*1|30|33|35|47|48|50|75|86|88|98|AL|AM|MH|UC*OT*CHIP
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430
MSG*TA84
MSG*All CHIP patient responsibility must be obtained from the MCO
EB*I*IND*2|54*OT*CHIP

```
DTP*193*D8*20140901
DTP*194*D8*20150430
EB*1*IND*1|30|35|47|48|50|86|98|AL|AM|MH|UC*OT*CSHCN
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430
EB*I*IND*2|33|54|75|88*OT*CSHCN
DTP*193*D8*20141001
DTP*194*D8*20150430
EB*R*IND*30*OT*COMPREHENSIVE POLICY
REF*6P*GROUP NUMBER*EMPLOYER NAME
DTP*193*D8*20141001
DTP*194*D8*20150430
LS*2120
NM1*PR*2*PAYERNAME
N3*100 FIRST STREET*SUITE 100
N4*TOWN*TX*12345
PER*IC*CONTACT NAME*WP*9999999999*EX*0001
NM1*IL*1*LASTNAME*FIRSTNAME*M***MI*1111111111*41
LE*2120
EB*R*IND*30*MA
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430
EB*R*IND*30*MB
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430
EB*R*IND*30*HN
REF*6P*CONTRACTNUMBER
REF*18*PLANID
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430
EB*R*IND*88*OT
REF*6P*CONTRACTNUMBER
REF*18*PLANID
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430
EB*V*IND*97
EB*1*IND*30*QM*SLMB
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430
```

MSG*TP23
EB*I*IND*33|88|35|47|48|AL|AM|UC|1|50|MH|75|86|98*QM*SLMB
DTP*193*D8*20141001
DTP*194*D8*20150430
SE*123*000000001
GE*1*2552887
IEA*1*002552887

11.4 Change Summary

The following is a log of changes made since the original version of the document was published.

	Change	Date
1	Change links, grammar, updated contact information in section 3 and removed the Implementation Checklist from Appendix A.	01/06/2022
2	Updated http links to https links and updated formatting.	08/10/2023
3	MSG01 notations added in loop 2110C to convey Medicare Part B-ID coverage for ESRD immunosuppressive drug coverage through Medicare. Transmission example updated with the new segment	03/01/2024
4	Simplified the language of section 1.1.	10/01/2024
5	Corrected a typo in section 1.3.	10/01/2024
6	Clarified the requirement to be registered for Texas Medicaid.	10/01/2024
7	Removed paragraph in section 5.1 about TexMedConnect.	10/01/2024
8	Updated the technical assistance numbers in section 5.2.	10/01/2024
9	Removed example in section 7.	10/01/2024
10	Clarified the text at the beginning of section 6.	10/01/2024
11	Removed redundant text in the ISA06 row of section 10.1.	10/01/2024
12	Added clarifying comment to GS row of section 10.1.	10/01/2024
13	Added 3 rows with NM1 elements of 2100B loop to section 10.1.	10/01/2024
14	Switched the position of NM104 of 2100C loop to be in the correct order in section 10.1.	10/01/2024
15	Removed row for loop 2000A in section 10.2.	10/01/2024
16	Removed row for loop 2115C in section 10.2.	10/01/2024
17	Added code 'QM' to the 2110C EB04 for 'Medicare Cost Sharing Plans'.	10/01/2024

	Change	Date
18	Added a reference notation to MSG01 in the 2110C loop to refer to Type of Assistance Codes Appendices for questions regarding TOA values.	10/01/2024
19	Updated transmission examples	10/01/2024
20	Added Type of Assistance Codes Appendix	10/01/2024
21	Removed programs 3 - North Star; 4- PCCM and 5-ICM from appendix 11.1 Managed Care Program Codes and Associated Descriptions.	10/01/2024